

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 004130	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/17/2014
NAME OF PROVIDER OR SUPPLIER RIVEROAKS HEALTH CAMPUS		STREET ADDRESS, CITY, STATE, ZIP CODE 1244 VAIL ST PRINCETON, IN 47670		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS These deficiencies reflect state findings cited in accordance with 410 IAC 16.2-5.	R 000		
R 117	410 IAC 16.2-5-1.4(b) Personnel - Deficiency (b) Staff shall be sufficient in number, qualifications, and training in accordance with applicable state laws and rules to meet the twenty-four (24) hour scheduled and unscheduled needs of the residents and services provided. The number, qualifications, and training of staff shall depend on skills required to provide for the specific needs of the residents. A minimum of one (1) awake staff person, with current CPR and first aid certificates, shall be on site at all times. If fifty (50) or more residents of the facility regularly receive residential nursing services or administration of medication, or both, at least one (1) nursing staff person shall be on site at all times. Residential facilities with over one hundred (100) residents regularly receiving residential nursing services or administration of medication, or both, shall have at least one (1) additional nursing staff person awake and on duty at all times for every additional fifty (50) residents. Personnel shall be assigned only those duties for which they are trained to perform. Employee duties shall conform with written job descriptions. This RULE is not met as evidenced by: Based on interview and record review, the facility failed to ensure that a First Aid certified employee was present at all times. Finding includes: On 6/16/14 at 9:30 a.m., the staffing schedule for	R 117		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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R 117	Continued From page 1 6/1/14 through 6/14/14 was reviewed. The staffing scheduled was compared with staff with an up to date CPR (Cardiopulmonary Resuscitation)/First Aid certificate. The schedule lacked a certified First Aid employee for every day in the pay period after 4:00 p.m., until 8:00 a.m. the next morning, and 24 hours a day on the weekends. On 6/16/14 at 10:19 a.m., the DHS (Director of Health Services) indicated the ADHS (Assistant Director of Health Services) kept a book of staff members with CPR/First Aid certification. On 6/16/14 at 11:43 a.m., the ADHS indicated there was a miscommunication between the CPR instructor, therefore the facility did not have first aid certified employee at all times. On 6/17/14 at 9:51 a.m., the CNC (Corporate Nurse Consultant) provided the, "Assisted Living Guidelines Staff Training Requirements" policy. The policy indicated, "prior to working independently staff shall receive orientation and training which shall include but may not be limited to: First aid....".	R 117		
R 246	410 IAC 16.2-5-4(e)(6) Health Services - Deficiency (6) PRN medications may be administered by a qualified medication aide (QMA) only upon authorization by a licensed nurse or physician. The QMA must receive appropriate authorization for each administration of a PRN medication. All contacts with a nurse or physician not on the premises for authorization to administer PRNs shall be documented in the nursing notes indicating the time and date of the contact.	R 246		

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R 246	<p>Continued From page 2</p> <p>This RULE is not met as evidenced by: Based on record review and interview, the facility failed to ensure QMA's (Qualified Medication Aide) received authorization for as needed medications for 1 of 5 sampled resident's reviewed. (Resident #122)</p> <p>Finding includes:</p> <p>On 6/16/14 at 4:15 p.m., Resident #122's clinical record was reviewed. The clinical record indicated Resident #122 had a physician's order for: Tramadol HCL (a medication used for the treatment of pain) 50 mg (milligrams) four times a day as needed for pain. The clinical record indicated the resident had received this medication.</p> <p>On 6/17/14 at 9:10 a.m., the UM (Unit Manager) #1 indicated the dose of Tramadol given on 5/30/14 was given by a QMA. The UM #1 indicated a licensed nurse was required to cosign the documentation for an as needed administration of a medication by a QMA. UM #1 indicated the dose given on 5/30/14 lacked documentation of a licensed nurses' prior authorization.</p> <p>On 6/17/14 at 9:51 a.m., the CRC (Corporate Nurse Consultant) provided the "Assisted Living Guidelines Medication Administration" policy. The policy indicated, "PRN medications may be administered by a qualified medication aid only upon authorization by a licensed nurse or physician".</p>	R 246		
R 273	410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency	R 273		

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R 273	<p>Continued From page 3</p> <p>(f) All food preparation and serving areas (excluding areas in residents ' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24.</p> <p>This RULE is not met as evidenced by: Based on observation, interview, and record review, the facility failed to store, prepare, distribute, and serve food under sanitary condition, in that hair was observed falling out from under the ball caps, staff walked through food prep areas with no hair restraint, no handwashing was observed during preparation of food, a dietary aide was observed to set up trays with a brace on her arm, boxes were stacked in front of the handwashing sink, an ice maker was dirty, and an ice cream freezer had a loose gasket on the sliding door. This had the potential to affect 32 of 32 residents.</p> <p>Findings include:</p> <p>During the initial tour of the kitchen on 6/9/14 at 9:45 a.m., the following were observed:</p> <ol style="list-style-type: none"> 1. A rotten tomato was observed to be lying in a box with other ripe tomatoes. 2. A bin of sugar had an empty plastic bottle in it. 3. A package of dry blended coffee mix was sitting open on a shelf with no date on it. 4. The small ice maker in the outer kitchen area was dirty with dried white and dark drippings on it. The inside of the ice maker had brown substances around it. 5. Empty cardboard boxes were sitting in front of and under the handwashing sink and in front of the trash can making it difficult 	R 273		

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R 273	<p>Continued From page 4</p> <p>to access the handwashing sink.</p> <p>During an observation on 6/12/14 at 10:39 a.m., the following were observed:</p> <p>6. Empty cardboard boxes were sitting in front of and under the handwashing sink and a dust pan with broom was lying in the floor in front of the trash can making it difficult to access the handwashing sink</p> <p>7. Pudding was sitting on a tray in the walk-in refrigerator uncovered and with no date on it.</p> <p>8. A covered bowl of tossed salad was sitting on a shelf in the walk-in refrigerator with no date on it.</p> <p>9. A package of dry blended ice coffee mixture was sitting on a shelf opened with no date on it.</p> <p>10. The ice cream freezer in the outer kitchen area had a loose gasket on the sliding door.</p> <p>11. The ice maker in the outer kitchen area was dirty with dried brown drippings down the front. The inside of the ice maker had dried crumbs around the edge.</p> <p>During an interview on 6/12/14 at 10:41 a.m., FSC (Food Service Cook) #3 indicated the pudding was going to be used during the lunch meal and she would date and cover it immediately.</p> <p>During an interview on 6/12/14 at 10:55 a.m., the DFS (Director of Food Services) indicated the blended coffee should have been sealed and dated after it was opened. The DFS indicated he would have the gasket repaired on the ice cream freezer. The DFS also was observed to stack and push the cardboard boxes further under the</p>	R 273		

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R 273	<p>Continued From page 5</p> <p>handwashing sink.</p> <p>A policy titled, "Storage Procedures," revised in 2009, and provided by the DHS (Director of Health Services), indicated opened packages were to be dated and stored in closed container and refrigerated food is to be covered, labeled, and dated until used.</p> <p>12. During an observation on 6/9/14 at 12:12 p.m., DA (Dietary Aide) #1 was observed to be serving lunch in the dining room. DA #1 had a ball cap on with sprigs of hair observed to be hanging out of her ponytail.</p> <p>13. During an observation on 6/12/14 at 11:10 a.m., FSC #3 was observed to be pureeing food. FSC #3 was observed with a ball cap on and her hair pulled back in a pony tail. Sprigs of hair were observed hanging in the back from her pony tail.</p> <p>14. During an observation on 6/12/14 at 11:15 a.m., FSC #1 was observed to have a ball cap on and her hair pulled back in a pony tail. FSC #1 had sprigs of hair hanging out from her pony tail and her bangs were hanging from under the ball cap.</p> <p>During an interview on 6/17/14 at 10:45 a.m., the DFS indicated if hair was hanging out of the ball cap the staff should have a hair net on.</p> <p>A policy titled, "Dietary Hair Restraint Policy and Procedures," obtained from the DHS (Director of Health Services) on 6/16/14 at 8:51 a.m., indicated employees that have hair that extrudes out of the cap will be required to wear a hair net. The policy indicated food service employees will be required to wear hair restraints while in all food preparation areas. The policy further indicated</p>	R 273		

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R 273	<p>Continued From page 6</p> <p>tray-line, dishwashing, cooking, and walk-in cooler areas were restricted to personnel with hair restraints.</p> <p>15. During an observation on 6/12/14 at 11:15 a.m., FSC #1 was observed to apply gloves and obtain a fresh pineapple, 2 (two) containers of fresh strawberries, 6 (six) kiwis, and a container of peaches from the walk-in refrigerator. FSC #1 proceeded to cut the fresh pineapple. The DFS (Director of Food Service) indicated the pineapple did not look ripe and instructed FSC #1 to obtain a new pineapple. FSC #1 was observed to discard the pineapple into the trash container and obtain a fresh pineapple from the walk-in refrigerator. FSC #1 proceeded to cut the pineapple with the same knife. FSC #1 continued to cut the strawberries and kiwis with the same knife. No hand sanitizing was observed prior to applying gloves. FSC #3 indicated she had just started work 4 (four) days ago.</p> <p>A policy titled, "Food Production Guidelines - Sanitation & Safety," revised 2009, and provided by the DHS on 6/16/14 at 8:51 a.m., indicated hands were to be washed thoroughly before touching food or equipment.</p> <p>A policy titled, "Dress Code and Personal Hygiene," revised 01/2003, and provided by the DHS on 6/16/14 at 8:51 a.m., indicated all employees were required to wash their hands after disposing of or handling trash or food and any other time deemed necessary,</p> <p>16. During an observation on 6/12/14 on 11:45 a.m., FSC #2 was observed to be placing clean napkins and clean utensils onto trays with a brace on her left hand. The brace was uncovered and dirty.</p>	R 273		

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R 273	<p>Continued From page 7</p> <p>During an interview with FSC #2 on 6/12/14 at 11:50 a.m., FSC #2 indicated the brace needed to be covered and proceeded to apply gloves. No hand sanitizing was observed prior to applying the gloves.</p> <p>17. During an observation on 6/12/14 at 11:57 a.m., staff members x(times) 3 (three) were observed to enter the kitchen from the Assisted Living hall. The staff members were observed to walk past the walk-in freezer, the walk-in refrigerator, the grill area, the hand washing sink, and a table to the dirty dish area to place their dirty dishes on the table. No hair covering or hand sanitizing were observed.</p> <p>The DFS further indicated the area was a common area and staff were allowed in by the handwashing sink and the table. He indicated the walk-in freezer and refrigerator are not prep areas and therefore, staff were allowed in the area with no hair covering on.</p> <p>A policy titled, "Dietary Hair Restraint Policy and Procedures," obtained from the DHS (Director of Health Services) on 6/16/14 at 8:51 a.m., indicated tray-line, dishwashing, cooking, and walk-in cooler areas were restricted to personnel with hair restraints.</p> <p>18. During an observation on 6/12/14 at 12:04 p.m., FSC #1 was observed to be wiping a soiled prep table with a wet cloth and no gloves. The ED (Executive Director) was observed to enter the door at the common area and requested tea. FSC #1 ceased wiping the prep table, obtained a pitcher of tea from the free-standing refrigerator, and gave it to the ED. FSC #1 continued to wash the prep table. No hand hygiene was performed.</p>	R 273		

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R 273	Continued From page 8 During an interview on 6/12/14 at 2:10 p.m., the ED (Executive Director) indicated FSC #1 should have washed her hands prior to obtaining the pitcher of tea.	R 273		